



UNITED STATES DEPARTMENT OF COMMERCE
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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
08/579.395	12/27/95	SWAIN	

WILLIAM H SWAIN
4662 GLEASON AVE
SARASOTA FL 34242

MM51/0519

EXAMINER	
KARLSEN, E	
PAPER NUMBER	
17	

DATE MAILED:
2858

05/19/99

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☐ the amendment filed _____ is indicated below.

A. FEE DUE

- ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
- ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
- ☒ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.

- ☐ The filing fee of \$ _____ submitted in this application is insufficient.

A balance of \$ _____ is due for additional claims.

- ☒

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE,
OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER,
WITHIN WHICH TO REMIT THE FEE OF \$4,576.00.

B. EXCESS PAYMENT:

- ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

Deborah Y Brown
CLERK OF GROUP

Slctu 2800
703-308-5853

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

08/579395

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	
X78=	
+260=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 62	Minus	** 31	= 31
Independent	* 27	Minus	*** 14	= 13
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	558.00
X78=	1018.00
+260=	
TOTAL	7576.00
ADDITIONAL FEE	

TOTAL ADDIT. FEE 7576.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.